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PTO/SB/05 (11-00)

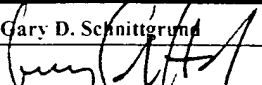
Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	S111-USA
	First Inventor	Greenberg, et al.
	Title	Implantable Microfluidic Delivery System Using Ultra...
	Express Mail Label No.	EL 516 675 959 US

APPLICATION ELEMENTS	ADDRESS TO:
See MPEP chapter 600 concerning utility patent application contents.	Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification [Total Pages 16] (preferred arrangement set forth below) <ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul>	a. <input type="checkbox"/> Computer Readable Form (CRF)
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 1]	b. Specification Sequence Listing on: <ul style="list-style-type: none"><li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li><li>ii. <input type="checkbox"/> paper</li></ul>
5. Oath or Declaration [Total Pages 2] <ul style="list-style-type: none"><li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li><li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)<ul style="list-style-type: none"><li>i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li></ul></li></ul>	c. <input type="checkbox"/> Statements verifying identity of above copies
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	
<b>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</b> <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ Prior application information: Examiner _____ Group / Art Unit _____ For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.	
<b>19. CORRESPONDENCE ADDRESS</b>	
<input checked="" type="checkbox"/> Customer Number or Bar Code Label  or <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)	
Name <u>Second Sight, LLC</u> <u>28284</u> PATENT, TRADEMARK OFFICE	
Address <u>P.O. Box 905</u>	
City <u>Santa Clarita</u> State <u>CA</u> Zip Code <u>91380-9005</u>	
Country <u>USA</u> Telephone <u>(661) 775-3995</u> Fax <u>(661) 775-1595</u>	

Name (Print/Type) <u>Gary D. Schnitger</u>	Registration No. (Attorney/Agent) <u>42.130</u>
Signature 	Date <u>10/26/2001</u>

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03914 U.S. PTO  
10/635633

08/05/03

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> (New Nonprovisional Applications Under 37 CFR § 1.53(b))	Attorney Docket No. <b>S111-DIV1</b>
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**TO THE ASSISTANT COMMISSIONER FOR PATENTS:**

Transmitted herewith is the patent application of ( ) application identifier or (X) first named inventor, Robert Greenberg, entitled Implantable Microfluidic Delivery System Using Ultra-Nanocrystalline Diamond Coating, for a(n):

( ) Original Patent Application.

(X) Continuing Application (prior application not abandoned):

( ) Continuation (X) Divisional ( ) Continuation-in-part (CIP)

of prior application No: 10/046,458 Filed on: 10/26/2001.

( ) A statement claiming priority under 35 USC § 120 has been added to the specification.

Enclosed are:

(X) Specification; 4 Total Pages.

(X) Drawing(s); 0 Total Sheets.

(X) Oath or Declaration:

( ) A Newly Executed Combined Declaration and Power of Attorney:

( ) Signed.

( ) Unsigned.

( ) Partially Signed.

(X) A Copy from a Prior Application for Continuation/Divisional (37 CFR § 1.63(d)).

(X) Incorporation by Reference. The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied, is considered as being part of the disclosure of the accompanying application and is hereby incorporated herein by reference.

( ) Signed Statement Deleting Inventor(s) Named in the Prior Application. (37 CFR § 163(d)(2)).

( ) Power of Attorney.

(X) Return Receipt Postcard.

( ) Associate Power of Attorney.

( ) A Check in the amount of \$ \_\_\_\_\_ for the Filing Fee.

(X) Preliminary Amendment.

(X) Information Disclosure Statement and Form PTO-1449.

(X) A Duplicate Copy of this Form for Processing Fee Against Deposit Account.

( ) A Certified Copy of Priority Documents (if foreign priority is claimed).

(X) Applicant claims small entity status.

( ) Other: \_\_\_\_\_

CLAIMS AS FILED				
FOR	NO. FILED	NO. EXTRA	RATE	FEE
Total Claims	5	0	\$9.00	\$ 0.00
Independent Claims	1	0	\$42.00	\$ 0.00
Multiple Dependent Claims (if applicable)				\$0.00
Assignment Recording Fee				\$0.00
Basic Filing Fee				\$375.00
Total Filing Fee				\$ 375.00

Charge \$375.00 to Deposit Account 50-0922 pursuant to 37 CFR § 1.25. At any time during the pendency of this application, please charge any fees required or credit any overpayment to this Deposit Account.

Respectfully submitted,

By: \_\_\_\_\_

Gary Schnittgrund, Attorney of Record,  
Reg. No.42,130

Date:

Correspondence Address:

Second Sight Medical Products, Inc.  
12744 San Fernando Road Building 3  
Sylmar, CA 91342  
Phone: (818) 833-5071  
Fax: (818) 833-5080

I hereby certify that this is being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 CFR § 1.10 on the date indicated below and is addressed to:

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**FEE TRANSMITTAL  
for FY 2002**

Patent fees are subject to annual revision.

**Complete if Known**

Application Number	--
Filing Date	--
First Named Inventor	Greenberg, et al.
Examiner Name	--
Group Art Unit	--
Attorney Docket No.	S111-USA

**TOTAL AMOUNT OF PAYMENT****\$527.00****METHOD OF PAYMENT**

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **50-0922**Deposit Account Name **Second Sight, LLC**

- ☒
- Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

- ☒
- Applicant claims small entity status. See 37 CFR § 1.27

- 2.
- ☐
- Payment Enclosed:

☐ Check ☐ Credit card ☐ Money Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370	Utility filing fee	370.00
106 330	206 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	
<b>SUBTOTAL (1)</b>			<b>\$370.00</b>

**2. EXTRA CLAIM FEES**

Extra Claims		Fee from below	Fee Paid
Total Claims	33 - 20** = 13	X 9.00 =	117.00
Independent Claims	3 - 3** = 0	X 0.00 =	0.00
Multiple Dependent		0.00 =	0.00

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
103 18	203 9	Claims in excess of 20	
102 84	202 42	Independent claims in excess of 3	
104 280	204 140	Multiple dependent claim, if not paid	
109 84	209 42	** Reissue independent claims over original patent	
110 18	210 9	** Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2)</b>			<b>\$117.00</b>

\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non - English specification	
147 2,520	147 2,520	For filing a request for <i>ex parte</i> reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 400	216 200	Extension for reply within second month	
117 920	217 460	Extension for reply within third month	
118 1,440	218 720	Extension for reply within fourth month	
128 1,960	228 980	Extension for reply within fifth month	
119 320	219 160	Notice of Appeal	
120 320	220 160	Filing a brief in support of an appeal	
121 260	221 140	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,280	241 640	Petition to revive - unintentional	
142 1,280	242 640	Utility issue fee (or reissue)	
143 460	243 230	Design issue fee	
144 620	244 310	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Processing fee under 37 CFR § 1.17(q)	
126 180	126 180	Submission of Information Disclosure Statement	
581 40	581 40	Recording each patent assignment per property (times number of properties)	40.00
146 740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))	
179 740	279 370	Request for Continued Examination (RCE)	
169 900	169 900	Request for expedited examination of a design application	
Other fee specify			
<b>SUBTOTAL (3)</b>			<b>\$40.00</b>

\*Reduced by Basic Filing Fee Paid

**SUBMITTED BY**Name (Print/Type) **Gary D. Schmittgrund**

Registration No. (Attorney Agent)

42,130

**Complete (if applicable)**

Telephone

(661) 775-3995

Signature

Date

10/26/2001

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